

JUL 7 - 2006

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted by facsimile to:

ATTN: Mail Stop RCE
Facsimile number: 571-273-8300
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

on July 7, 2006. Total Pages including this sheet: 13

Rhonda Zaffino
Rhonda Zaffino

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Sato et al.	Confirmation No.:	1170
Serial No.: 09/242,525	Group Art Unit:	1711
Filed: February 17, 1999	Examiner:	Sargent, Rabon A.
	Docket No.:	11301-1480

For: **Process for the Preparation of Urethane
Resins and Methane Resin Compositions**

The following is a list of documents enclosed:

RCE Transmittal
Amendment Transmittal Letter
Petition for Two (2) Month Extension of Time
Credit Card Form PTO-2038 in the amount of \$1240.00
Response to Advisory Action and Submission Under 37 C.F.R. 1.114(c)

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

JUL 7 - 2006

AMENDMENT TRANSMITTAL LETTER (LARGE)

Docket No.

11301-1480

Applicant(s): Sato et al.

Serial No.
09/242,525Filing Date
February 17, 1999Examiner
Sargent, Rabon A.Confirmation No.
1170Group Art Unit
1711

Invention: Process for the Preparation of Urethane Resins and Methane Resin Compositions

Commissioner for Patents
 Mail Stop RCE
 P.O. Box 1450
 Alexandria VA 22313-1450

Transmitted herewith is a Response to Advisory Action and Submission Under 37 CFR 1.114(c) in the above-identified application.

The fee has been calculated and is transmitted as shown below

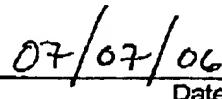
CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	3 -	45 =	0	X \$50.00	\$0
INDEP. CLAIMS	3 -	20 =	0	X \$200.00	\$0
Multiple Dependent Claims (check if applicable)	<input type="checkbox"/>			\$360.00	\$0
EXTENSION FEE	1 ST MONTH <input type="checkbox"/> \$120.00	2 ND MONTH <input checked="" type="checkbox"/> \$450.00	3 RD MONTH <input type="checkbox"/> \$1,020.00	4 TH MONTH <input type="checkbox"/> \$1,590.00	\$450.00
Other Fees: Request for Continued Examination under 37 CFR 1.114(c)					\$790.00
				TOTAL ADDITIONAL FEE FOR THIS AMENDMENT	\$1240.00

No additional fee is required.
 Please charge Deposit Account No. in the amount of . A duplicate copy of this page is enclosed.
 A check in the amount of to cover the filing fee is enclosed.
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$1240.00.
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.



Cynthia J. Lee, Reg. No. 46,033



Date